



Campaign Finance Section Financial Report

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: Friends of Mike Barbieri

Account Number: ***** Date of this Report: 10/27/2010

Reporting Period Start: 10/05/2010 Reporting Period End: 10/25/2010

Office: State House Of Representatives - District 18

Check the box that applies to this report:

Primary Election	<u> </u> 8-DAY	<u> </u> 30-DAY
General Election	<u> X </u> 8-DAY	<u> </u> 30-DAY
Other Election	<u> </u> 8-DAY	<u> </u> 30-DAY
Special Election	<u> </u> 8-DAY	<u> </u> 30-DAY

 YEAR END

Final Organization Closing:	<u> </u> YES	<u> X </u> NO	Closing Date:	<u> </u>
Amendment:	<u> </u> YES	<u> X </u> NO		

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

TREASURER SIGNATURE _____ DATE _____

CANDIDATE SIGNATURE _____ DATE _____



STATEMENT OF ACCOUNT BALANCE

Account Number:	*****	Reporting Period:	10/05/2010 FROM	10/25/2010 TO
1. BEGINNING BALANCE (Ending Balance from last reporting period)				\$27,661.00
2. RECEIPTS:				
A. SCHEDULE A - TOTAL RECEIPTS				\$6,751.00
B. SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS				\$205.75
C. SCHEDULE D-1 - TOTAL LOANS RECEIVED				\$0.00
D. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS RECEIVED				\$0.00
E. SUBTOTAL (Total of A,B,C,D)				\$6,956.75
3. EXPENDITURES:				
F. SCHEDULE B - TOTAL EXPENDITURES				\$9,900.44
G. SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES				\$205.75
H. SCHEDULE D-2 - TOTAL LOAN PAYMENTS				\$0.00
I. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS PAID				\$0.00
J. SUBTOTAL (Total of F,G,H,I)				\$10,106.19
4. ENDING BALANCE (Beginning Balance plus 2E minus 3J)				\$24,511.56
5. VALUE OF NON-CASH ASSETS (From Schedule F)				\$0.00
6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)				\$0.00
7. VALUE OF LOANS AT END OF PERIOD (Loan Balance From Schedule D-2)				\$0.00
8. CLOSE OUT BALANCE (Must equal zero if committee closed)				\$24,511.56



SCHEDULE A - TOTAL RECEIPTS

Account Number: ***** Reporting Period: 10/05/2010 10/25/2010
FROM TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
10/11/2010	Boilmakers Local No. 13	2300 New Falls Road, Newportville, PA 19056	\$600.00	\$600.00
10/05/2010	Eli Lilly and Company	Indianapolis, IN 46285	\$250.00	\$250.00
10/05/2010	Sally C. McBride	2316 W 17th St., Wilmington, DE 19806	\$150.00	\$150.00
10/08/2010	Carper for Senate	PO Box 2882, Wilmington, DE 19805	\$600.00	\$600.00
10/12/2010	Mark V. Purpura	28 Heyburn Road, Chadds Ford, PA 19317	\$500.00	\$500.00
10/11/2010	Robert W. Tunnell	34026 Annas Way Unit 1, Long Neck, DE 19966	\$600.00	\$600.00
10/12/2010	Del Bank PAC	PO Box 781, Dover, DE 19903	\$300.00	\$200.00
10/14/2010	Biden for Attorney General	PO Box 2838, Wilmington, DE 19805	\$600.00	\$600.00
10/15/2010	LU313 IBEW	814 W Basin Road, New Castle, DE 19720	\$400.00	\$200.00
10/13/2010	Committee to Elect Bob Gilligan	PO Box 547, Millsboro, DE 19966	\$400.00	\$400.00
10/05/2010	Pharmaceutical Research and Manufacturers of America	950 F Street NW, Washington DC 20004	\$300.00	\$300.00
10/05/2010	Friends of Larry Mitchel	207 Brumley Drive, Wilmington, DE 19808	\$200.00	\$200.00
10/07/2010	Mark D. Link	1211 Fairacres Road, Rydal, PA 19046	\$100.00	\$100.00
10/11/2010	Alan B. Levin	PO Box 320, Montchanin, DE 19710	\$500.00	\$500.00
10/07/2010	Robert & Mary Stachnik	8 Fox Lane, Newark, DE 19711	\$300.00	\$300.00

10/13/2010	Vishal N. Patel	11 Somerset Lane, Newark, DE 19711	\$150.00	\$150.00
10/14/2010	Andrew David Byer	1117 Coastal Highway, Dewey Beach, DE 19971	\$100.00	\$100.00
10/14/2010	Kumar Patel	?	\$100.00	\$100.00
10/14/2010	Bhavash C. Patel	633 Pulaski HWY, Bear, DE 19701	\$402.00	\$201.00
10/15/2010	Mihir Patel	2 Capano Drive, Newark, DE 19702	\$220.00	\$100.00
10/14/2010	Alpesh Patel	19 Clemson Drive, Boothwyn, PA 19061	\$100.00	\$100.00
10/14/2010	Tim's Liquors - Gunina Enterprice, Inc.	6303 Limestone Road, Hockessin, DE 19707	\$100.00	\$100.00
10/13/2010	Delaware State UAW PAC	698 Old Baltimore Pike, Newark, DE 19702	\$400.00	\$400.00
TOTAL RECEIPTS IN EXCESS OF \$100				\$6,751.00
TOTAL RECEIPTS NOT IN EXCESS OF \$100				\$0.00
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)				\$6,751.00



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

Account Number: ***** Reporting Period: 10/05/2010 10/25/2010
FROM TO

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

IN-KIND CONTRIBUTIONS IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES)

Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Est. Amount Received
10/14/2010	Mexican Post	3100 Naamans Road, Wilmington, DE 19810	Dinner	\$205.75
TOTAL CONTRIBUTIONS IN EXCESS OF \$100				\$205.75
TOTAL CONTRIBUTIONS NOT IN EXCESS OF \$100				\$0.00
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2B)				\$205.75



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Account Number: ***** Reporting Period: 10/05/2010 10/25/2010
FROM TO

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

IN-KIND EXPENDITURES IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)

Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Est. Amount Expended
10/14/2010	Mexican Post	3100 Namans Road Wilmington, De	Dinner	\$205.75
TOTAL EXPENDITURES IN EXCESS OF \$100				\$205.75
TOTAL EXPENDITURES NOT IN EXCESS OF \$100				\$0.00
GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)				\$205.75



SCHEDULE D-1 - LOANS RECEIVED

Account Number: _____

Reporting Period: _____

10/05/2010

FROM

10/25/2010

TO

All loans in excess of \$50 **RECEIVED DURING THIS REPORTING PERIOD** should be itemized on this schedule. NOTE: These loans must also be listed on Schedule D-2.

LOANS RECEIVED IN EXCESS OF \$50:

Date Received	Lender	Endorser	Description of Security	Int. Rate	Amount Received
TOTAL LOANS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)					



SCHEDULE D-2 - LOANS

Account Number: *****

Reporting Period: 10/05/2010
FROM

10/25/2010
TO

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidates Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50:

Date Rec'd	Lender	Endorser	Description	I n t Rate	Orig. Loan Amt	Payments Made	Balance
TOTAL LOANS (TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 3H. TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)							



SCHEDULE E - EXPENSE REIMBURSEMENTS

Account Number: ***** Reporting Period: 10/05/2010 10/25/2010
FROM TO

All expense reimbursements received by you and paid by you must be itemized.

REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

Date Received	Reimburer	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D.)					

REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS PAID (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I.)					



SCHEDULE F - NON-CASH ASSETS

Account Number: _____

Reporting Period: _____

10/05/2010

FROM

10/25/2010

TO

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

LIST ALL NON-CASH ASSETS

Date Received	Description of Asset	Location of Asset (Physical Address)	Value of Asset
TOTAL ASSET VALUE (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5.)			



SCHEDULE G - ELIMINATION OF ASSETS

Account Number: *****

Reporting Period: 10/05/2010
FROM

10/25/2010
TO

Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

LIST ALL ELIMINATED ASSETS

Date Eliminated	Description of Asset	Disposition of Asset	Value Received
TOTAL ASSETS ELIMINATED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6.)			